

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101521,038

APPLICANT(S)

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	14					
6	1					
7	1					
8	1					
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	7	←		←		←
TOTAL CLAIMS	8	[REDACTED]		[REDACTED]		[REDACTED]

BEST AVAILABLE COPY